

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3		/						53					
4	/							54					
5		/						55					
6	/							56					
7		/						57					
8	/							58					
9		/						59					
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11		/						61					
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13		/						63					
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15		/						65					
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18			/					68					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	9							TOTAL IND.					
TOTAL DEP.	18							TOTAL DEP.					
TOTAL CLAIMS	27							TOTAL CLAIMS					